

Medical Assistance Provider Bulletin

Attention: All Title XIX Certified Rehabilitation Agencies, Physical, Occupational, and Speech Therapists

Subject: Revised DME Index; Policy on Nonspecific Procedure Codes

Date: June 10, 1991

Code: MAPB-091-022-D

Department of Health and Social Services, Division of Health,
Bureau of Health Care Financing, P.O. Box 308, Madison, Wisconsin 53701

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I. UPDATED DURABLE MEDICAL EQUIPMENT INDEX

The Wisconsin Medical Assistance Program (WMAP) has revised the Durable Medical Equipment (DME) Index issued with the Medical Assistance Provider Bulletin dated August 10, 1990 (MAPB-090-021-D). This index completely replaces the index issued with the August 10, 1990 MAPB. The policy changes communicated in the attached DME Index are effective with dates of service on or after July 1, 1991.

The revised index includes several changes, including but not necessarily limited to:

- deletion of procedure codes;
- changes to coverage (i.e., purchase/rental restrictions, prior authorization requirements, life expectancy limitations);
- changes in description for some codes;
- changes in services for nursing home recipients;
- addition of procedure codes;
- corrections to previous index.

Providers should carefully review the revised DME Index for full procedure code descriptions, complete coverage information, and for any other changes. Failure to submit claims in accordance with these new policies may result in claims denial or recoupment of payments.

II. BILLING AND PRIOR AUTHORIZATION FOR SERVICES USING A NONSPECIFIC PROCEDURE CODE

Nonspecific procedure codes are to be used only when there is not a distinct procedure code for the service being provided. All claims for nonspecific procedure codes must be submitted on the HCFA 1500 claim form. When billing or requesting prior authorization for services using a repair or nonspecific procedure code (e.g., procedure code W6634, "orthosis, custom, fabricated additions/modifications"), providers must describe the item or extent or scope of the repair. Claims submitted without this information are denied.

III. BILLING HINTS

The Explanation of Benefit (EOB) codes listed on your Remittance and Status Report explain why a particular detail on a claim denied. The EOB codes indicated below are among the most commonly found on claims for durable medical equipment.

EOB code 388: "Incorrect or invalid type of service/NDC/Procedure code/ Accommodation Code or Ancillary Code billed." This EOB occurs when:

1. The provider did not indicate a correct procedure code in element 24C of the National HCFA 1500 claim form.

Resolution: Indicate a valid procedure code in element 24C. The EDS Correspondence Unit can verify that a particular procedure code is a valid WMAP procedure code. However, a correspondent cannot suggest alternate procedure codes. (See Appendix 2 in Part A of the WMAP Provider Handbook for telephone numbers for the Correspondence Unit.)

2. The provider did not enter a correct type of service code in element 24G for the procedure indicated on the claim form.

Resolution: A valid type of service code must be indicated in element 24G for each procedure code. For DME services, the type of service code must be either "P" (for purchase) or "R" (for rental).

EOB Code 010: "Recipient is eligible for Medicare. Please bill Medicare prior to billing Medical Assistance."

Resolution: Bill Medicare first if a recipient has both Medicare and Medical Assistance. Please refer to Appendix 17 of Part A of the WMAP Provider Handbook for Medicare crossover claim instructions. Remember to indicate the appropriate Medicare disclaimer code in element 11 ("Insured's Address") of the HCFA 1500 claim form if no payment is received from Medicare. If the provider knows for certain that the procedure is not a benefit for Medicare, then a claim may be submitted directly to EDS with the appropriate Medicare disclaimer code.

EOB Code 281: "Recipient number is not listed on our current eligibility file. Consult with local social service agency." This message occurs when:

1. The provider indicated an incorrect Medical Assistance identification number for the recipient in element 6 of the HCFA 1500 claim form.

Resolution: Resubmit the claim with the correct number. Remember that the recipient's Medical Assistance identification number is all-numeric and consists of ten digits.

2. The recipient is not, in fact, listed on EDS' eligibility file.

Resolution: As instructed in the EOB message, the provider should contact the local social service agency.

EOB Code 100: "Claim previously/partially paid on XXXXXXXXXXXXXXXXXXXX on R/A date XXXXXX. Adjust paid claim."

Resolution: This message occurs when the provider has submitted a claim that is a duplicate of a previously paid claim. The fifteen-digit claim number and the date the claim paid are indicated in the EOB message. The provider should verify this information on the appropriate R&S report. If the provider feels that the previous claim processed inappropriately, an adjustment must be submitted. If the provider is unable to locate the claim identified in the EOB message, the EDS Correspondence Unit should be consulted.

EOB Code 277: "Services billed are included in the nursing home rate structure."

Resolution: This message occurs when the provider submitted a claim for an item that the nursing home is required by the WMAP to provide without charge to the recipient. Reimbursement for these items is included in each nursing home's rate structure. Refer to the DME Index, which accompanies this MAPB, to verify that the DME item which was ordered is, in fact, reimbursable for nursing home residents.

Disposable medical supplies that nursing homes are required to provide free of charge to WMAP recipients include dietary supplies, incontinence supplies, personal comfort items, and certain medical supplies.

IV. LATE BILLING REMINDER

Providers are reminded that federal regulations require that all claims be submitted, correct and complete, within one year of the date of service. The only exceptions to this requirement, with the required documentation and procedures, are identified in Section IX-F of Part A of the WMAP Provider Handbook.

V. PAPERLESS CLAIMS

Submit your claims electronically. Experience shows that electronic billers get quicker results with fewer errors than conventional paper billers. EDS offers free software and consultation services to get you started right. Simply fill out Attachment 1 of this bulletin and mail it to EDS, or call (608) 221-4746 and ask for the Electronic Media Claims (EMC) Unit. Experience the advantages of paperless claims!

VI. ATTACHMENTS

1. Paperless Claims Request Form
2. Durable Medical Equipment (DME) Billable by Occupational, Speech and Physical Therapists and Rehabilitation Agencies

ATTACHMENT 1
PAPERLESS CLAIMS REQUEST FORM

MAPB-091-022-D
Date: June 10, 1991

Please complete this form if you want additional information on electronic billing.

Name: _____

Address: _____

Medicaid Number: _____ Phone #: _____

Contact Person: _____

Type of Service(s) Provided: _____

Estimated Monthly Medicaid Claims Filed: _____

1. Do you currently submit your Medicaid claims on paper? ☐ YES ☐ NO

2. Are your Medicaid claims computer generated on paper ☐ YES ☐ NO

3. Do you use a billing service? ☐ YES ☐ NO

If the answer is YES to #2 or #3, please complete the following:

Name: _____ Contact: _____

Address: _____ Phone #: _____

4. Do you have an in-house computer system? ☐ YES ☐ NO

If YES, type of computer system:

a. Large main frame ☐ Manufacturer: _____
(e.g., IBM 360, Burroughs 3800) ☐ Model #: _____

b. Mini-Computer ☐ Manufacturer: _____
(e.g., IBM System 34, or 36 TI 990) ☐ Model #: _____

c. Micro-Computer ☐ Manufacturer: _____
(e.g., IBM PC, COMPAQ, TRS 1000) ☐ Model #: _____

5. Please send the paperless claims manual for:



☐ magnetic tape submission



☐ telephone transmission (EDS free software) ☐ 3-1/2" ☐ 5-1/4"

(NOTE: EDS does not supply the 3-1/2" diskette. If you need this size, please send a blank formatted diskette with your request.)



☐ telephone transmission (3780 protocol transmission)

Return To: EDS
Attn: EMC Department
6406 Bridge Road
Madison, WI 53784-0009

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Date: 06/10/91

ATTACHMENT 2

Durable Medical Equipment (DME) Billable by
Occupational, Speech and Physical Therapists
Rehabilitation Agencies

**An updated version of the DME index is attached to a more recently
published Medical Assistance Provider Bulletin.**